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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19525** (7)

1. Corporation Name
POLYWOGS, INC.

Principal Place of Business %DOUGLASS, ROBERT 8351 BLIND PASS ROAD ST. PETERSBURG BCH. FL 33706	Mailing Address %DOUGLASS, ROBERT 8351 BLIND PASS ROAD ST. PETERSBURG BCH. FL 33706
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3. Date Incorporated or Qualified

03/04/1987

4. FEI Number

59-2602598

Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLASS, ROBERT A.
8351 BLIND PASS ROAD
ST. PETERSBURG BCH. FL 33706**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MONTI, NICHOLAS J	
STREET ADDRESS	4801 - 58TH AVE. N	
CITY - ST - ZIP	ST. PETERSBURG FL	

1.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gassner, Elliott	
1.3 STREET ADDRESS	2110 - 4th Street North	
1.4 CITY - ST - ZIP	St. Petersburg, FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NELSON, ROBERT S	
STREET ADDRESS	1201 - 5TH AVE. N #207	
CITY - ST - ZIP	ST. PETE FL	

2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Nelson	
2.3 STREET ADDRESS	1201 - 5th Avenue North #207	
2.4 CITY - ST - ZIP	St. Petersburg, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLASS, ROBERT A.	
STREET ADDRESS	8351 BLIND PASS ROAD	
CITY - ST - ZIP	ST. PETERSBURG FL 33706	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WARE, RICHARD M.	
STREET ADDRESS	P.O. BOX 13488 N/A	
CITY - ST - ZIP	ST. PETERSBURG FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ULRICH, RICHARD G.	
STREET ADDRESS	100 2ND AVENUE SOUTH #606	
CITY - ST - ZIP	ST. PETERSBURG FL	

5.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ulrich, Richard G.	
5.3 STREET ADDRESS	100 - 2nd Avenue South #606	
5.4 CITY - ST - ZIP	St. Petersburg, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTHY, VAUGHN E.	
STREET ADDRESS	1120 PINELLAS BAYWAY #202	
CITY - ST - ZIP	TIERRA VERDE FL	

6.1 TITLE	Vice President/Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	McCarthy, Vaughn E.	
6.3 STREET ADDRESS	6625 Cormorant Ct. S.	
6.4 CITY - ST - ZIP	Pasadena, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert A. Douglas

2/12/98

CR2E037 (1097)